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STANDARD CERTIFICATE OF DEATH  
FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 278  
Registrar's No. 765  
Location 1113 E. Meadowbrook  
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location 1113 E. Meadowbrook  
(If outside city limits also write RURAL)  
(d) Length of Stay: In Hospital or Institution -----; In Community 18 years; In Arizona 42 yrs.  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona (b) County Maricopa (c) City or Town Phoenix  
(If outside city limits also write RURAL)  
(d) Street No. 1113 East Meadowbrook (e) Citizen of foreign country (Yes or No) -----  
If Yes, which country ----- (c) Social Security No. -----

3. (a) FULL NAME Edith Annie Webb (b) If veteran name war None (c) Social Security No. -----

4. Sex Female 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife R. A. Webb. 6. (c) Age of husband or wife, if alive 46 yrs.

7. Birthdate of deceased January 1 1900  
(Month) (Day) (Year)

8. AGE: Years 47 Months 3 Days 10 hrs. ----- min. -----  
If less than one day

9. Birthplace Alberta Canada  
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business None

12. Name Ducius Thompson

13. Birthplace Denmark  
(City, town or county) (State or Country)

14. Maiden Name Annie Gilpen

15. Birthplace England  
(City, town or county) (State or Country)

16. (a) Informant's own signature R. A. Webb

(b) Address 1113 E. Meadowbrook

17. (a) Burial, Cremation or Removal Burial

(b) Place Mesa Cem (c) Date 4/24/47 19 47

18. (a) Embalmer's Signature L. M. Mortensen

(b) Funeral Director Mortensen & Kingsley

(c) Address 1020 West Washington, St.

19. (a) APR 25 1947  
(Date received Local Registrar)

(b) Carl J. Hughes  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April, 20, 1947;  
TIME (Hour and minute) 9:58 P.M.

21. I hereby certify that I attended the deceased from July, 11, 1946 to April, 20, 1947;

that I last saw her alive on April, 20, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic Myocarditis

Due to pericarditis

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations

Of autopsy

DURATION

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) -----

(b) Date of occurrence -----

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury -----

23. Signature D. M. Taylor, M.D.

Address 1214 E. Pierce Date signed 4-21-47